FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088309 1. Corporation Name

TECH RESOURCES OF FLORIDA, INC.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90045 006 ***150.00



							BIRL BIRL DOM BOM BOM	A Colo l Cale r I dioe (1	 	
Principal Place of Business Mailing Address						-				
3832 SHIPPING	AVE.		3832 SHIPPING AVE.							
MIAMI FL 33146	5	MIAMI FL 33146					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporate		·		
						11/17/1995		,		
Principal Place of Business 2a. Mailing			ling Address			4. FEI Number			Applied For	
	ace of business	— — `	⊢ *			65-0631352		1	Not Applicable	
21 Suite Ant	# oto	26 Suite	Suite, Apt. #, etc.			00 000 1002			Additional	
Suite, Apt.	#, e ic.	⊢	¬ '''			5. Certifcate of Stat	5. Certificate of Status Desired Fee Required			
City & State		27 City &	City & State			& Floation Compai	an Einancina			
	5	<u></u>	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	Zip		Countr	,					
—	25	29 30		,	8. This corporation owes the current year Intangible Personal Property Tax. Yes No					
24		d Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	5. Name and Address of Guite	in negistered /		81	Name					
KOS	OWSKY, MERELE									
	SHIPPING AVE.					Street Address (P.O. Box Number is Not Acceptable)				
	M FL 33146		}							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 337.3			83			_			
				84	City		•.	FL 85 Zi	p Code	
11 Durewant	to the provisions of Sections 607.05	02 and 607 150	B. Florida Statutes, th	e aboy	e-named co	rporation submits this stat	ement for the purpo	ose of changing i	its registered	
office or 7	egistered agent, or both, in the State	e of Florida Suci	h change was authori	zea by	the corpora	ation's board of directors.	hereby accept the	appointment as	egistered	
agent. I a	o familiar with, and accept the oblig	16	n 607.0505, Florida S	tatutes	" V ~~	weeked]	Incides.	+ ,/	28/99	
SIGNATURE	Signature, typed or printed name of registered ag	TUSA TE	1 Merce	ered And	nt sanature real	pired when reinstating)	1621(Ner)	ATE	~0// /	
12.		ND DIRECTORS		13.	T Signaturo roqu		NGES TO OFFICE	RS AND DIREC	TORS IN 12	
TITLE	р			.1 TITLE				☐ Chang		
NAME	KOSOWSKY, MERELE			.2 NAME					1	
STREET ADDRESS				TADDRESS						
			.4 CITY- 9					·		
CITY-ST-ZIP TITLE	VP			1 TITLE	31-211			☐ Chang	e Addition	
	• •			2 NAME					•	
NAME	KOSOWSKY HOWARD				T ADDRESS					
STREET ADDRESS	3832 SHIPPING AVENUE							•		
CITY-ST-ZIP	MIAMI FL			. 4 CITY- .1 TITLE	31-LIP			☐ Chang	e Addition	
TITLE	ST DANIELO ODACE		• •						_	
NAME	PANELO, GRACE			2 NAME	TADDRESS					
STREET ADDRESS	3832 SHIPPING AVENUE				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33146			4. CITY-	ST-ZIP			[] Chang	e Addition	
TITLE	D			1 TITLE				Criang		
NAME	FIDLER, ROSS			. 2 NAME			•			
STREET ADDRESS	3832 SHIPPING AVE		4	.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33146			4 CITY-	ST-ZIP				n Dádilie	
TITLE			•	.1 TITLE				☐ Chang	je 🗌 Addition	
NAME				2 NAME					1	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				.4 CITY-:	ST-ZIP					
TITLE			OCCCIL	1 TITLE				Chang	je 🗌 Addition	
NAME			€	2 NAME					ł	
STREET ADDRESS				.3 STREI	ET ADDRESS				}	

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.